MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5865 -63-021994 STATE FILE NUMBER

FILED JUN 13 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Anns Home
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Indiana b. COUNTY: Clay
c. CITY OR TOWN: Brazil
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 229 E. Blaine
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Mary Middle: Regina Last: Morgan
4. DATE OF DEATH: Month: June Day: 3, Year: 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/5/1885
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Business Manager
10b. KIND OF BUSINESS OR INDUSTRY: Ind.State Teachers
11. BIRTHPLACE (City and state or country): Brazil, Ind.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Patrick Morgan
13b. MOTHER'S MAIDEN NAME: Catherine McQuade
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No
16. SOCIAL SECURITY NO.:
17. INFORMANT — Address: Mrs.Catherine Fisher, 229 E.Blaine-Brazil, Ind.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 522

OK Alan E. Taylor 6-4-63 Coroner

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis generalized

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1959 to 6-3-63 and last saw her/him alive on May 1, 1963
Death occurred at 2:05 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.D.
22b. ADDRESS: 3720 Washington Blvd.
22c. DATE SIGNED: 6-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-5-63
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Brazil, Ind.

24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe, Inc., 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: JUN 3 1963
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4108

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.